			THE DIVISION OF HEA			25206	
0.800	Cichael 7715 STANDARD CERTIFICATE OF DEATH State File No						
0.48	BIRTH NO. 0CT 28 1952 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 40						
<b>3</b>	1. PLACE OF DEA	chaon	·	2. USUAL RESID	DENCE (Where deceased b. CC		
,	b. CITY (It dutile con OR TOWN	bear de	township) STAY (in this place)	c. CITY (If outside co OR TOWN	ter - Cit		
A RECORD	d. FULL NAME OF ( HOSPITAL OR INSTITUTION	negia hospital or is	astitution, give street address or location)	d. STREET ADDRESS	(If rural Fre location) 33 So. Will	low !	
	3. NAME OF DECEASED	a. (First)	b. (Middle) Les/ie	c. (Last) Heath.	4. DATE OF DEATH	(Month) (Day) (Year)	
YENT	1	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Spediy)	8, DATE OF BIRTH		BATH IF UNDER I YEAR OF UNDER 24 HIRS.	
PERMANENT	10a. USUAL OCCUPATIO	ON (Give kind of work as life, even if retired)	10b. KIND OF BUSINESS OR IN- DUSTRY		ity and State or Foreign Co	COUNTRY	
PE	done during ment of more				dance Misso	un Usa	
- ₹	13a. FATHER'S NAME	1111	136. MOTHER'S MAIDEN		14. NAME OF HUSBA	ND OR WIFE	
ы ы	Laylord	1 Heal	FORCEST I 16. SOCIAL SECURITY	17. INFORMANT	'S SIGNATURE OR	NAME ADDRESS	
AK	15. WAS DECEASED EVE (Yes, no. or unknown) (If	R IN U.S. ARMED   yes, give war or dates	of service) NO.	M- Ca	1 T Han H	133 So. Willow	
<b>X</b>	20		None	EBTIENSTION	y J. Heary	I INTERVAL BETWEEN	
INK-	18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (e)  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)  Circulation fullul acute						
	ANTECEDENT CAUSES						
CK	*This does not mean the mode of dying, such						
BLA	as heart failure, authenia, rise to the above cause (a) starting  etc. It means the dis-					1-16-53)	
Ď.	case, injury, or complica- tion which caused death. II. OTHER SIGNIFICANT CONDITIONS						
OID		Conditions contributing to the death but not related to the disease or condition causing death.					
UNFADING	19a. DATE OF OPERA-	19b. MAJOR FIN	DINGS OF OPERATION		76	35 20. AUTOPSY1	
UBING L	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about bems, farm, fastery, street, office bldg., etc.)	21c. (CITY, TOWN, OF		COUNTY) (STATE)	
–usı	21d. TIME (Menth) OF INJURY	(Day) (Tear)	(Hear)   21e. INJURY OCCURRED WHILE AT WORK   AT WORK	21f. HOW DID INJUR	Y OCCUR?		
Š	2. I hereby certify that I attended the deceased from Out 5, 16 V, to Out a, 185%, that I last saw the deceased						
PLAINLY	alive of Let 9, 195%, and that death occurred at 1.309 m., from the causes and on the date stated above.						
Ţ	234. ŞIĞNATURE	la o	(Degree or title)	23b. ADDRESS		23c. DATE SIGNED	
	June	6 gouton		recoul	mer mo.	. Vo*/0.52	
WRITE	240. BURIAL. CREMA- 215. DATE   245. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (Oily, town, or county)   TION, REMOVAL Grands   Act 12, 1952   100+ Cemeter   Yalden Cit Zu						
¥	DATE REC'D BY LOCA	ADDRESS					
(Licensed Embalmer's Statement on Reverse Side)							

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	cruncate was chroatmed by the, or by
•	Student Embalaer No
orking under my personal supervision.	1

Student Embalmer Licensed Embalmer No. 4690

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.